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DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

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In accepting the direction of this new department in the AMERICAN JOURNAL OF NURSING, the writer and her collaborators bespeak the interest and coöperation of all the readers of the JOURNAL, but especially of those who, as superintendents and teachers, are more closely identified with the education of nurses. It is hoped that the department may serve as a medium for the discussion of educational problems and the wider circulation of new and useful ideas and methods in the training of nurses. Contributions are invited, especially news items which seem to be of special significance or importance in this field. The plan for the coming year is to take up first some of the fundamental principles which should guide and control the educational work of the training school, then to outline the curriculum and to take up in detail the teaching of the more important subjects. These topics will be presented by experienced teachers and it is hoped that the articles will be supplemented by helpful suggestions from readers.

THE AIMS OF THE TRAINING SCHOOL FOR NURSES

Before we can discuss the work of any kind of school or judge of its results, we should have clearly in mind the things which it wishes to accomplish. The older types of schools and colleges usually stated this by enumerating the things which they wanted to give to, or develop in, the pupil: it might be culture or appreciation, or the development of character, or the ability to earn a living through a certain kind of skill. The tendency nowadays is to think more in terms of what society needs and how each person in the community, according to his special aptitudes and powers, can be fitted to serve those needs most efficiently. In organizing the work of any school, then, the first question to be asked is: "What fundamental needs of society should this school serve?" In other words: "What are the vital practical problems of everyday life which these pupils must be ready to solve if they would give their best service to their community, state, or country?" The next question will be: "How can we utilize all the agencies and experiences at our command, how can we organize and administer the material of instruc-

tion so that our pupils will be prepared to fill that place, whatever it may be, in the social fabric?" These questions should be asked by every kind of school, but particularly by those schools which are training for a specific vocation, be it engineering, agriculture, medicine, business or nursing. It might be a little difficult to see at a glance just where the immediate social value of some of these occupations comes in, but one cannot have any doubts about nursing. It has arisen out of impulses which are almost purely social and humanitarian and in response to very definite social needs. The conservation and welfare of human life has always been its main consideration, though the kind of service that seemed to be needed at one time has differed a little from the demands of another time, and people even now, in various countries, interpret the functions of the nurse quite differently. For example, the religious function of the nurse as a church officer and spiritual adviser used to be one of primary importance, but it has almost entirely dropped out of sight, in our country, at least.

Now we will have to agree on the kind of nursing service which it is desirable or necessary for us to provide for, in the conditions of modern life in this country. Here we shall find much difference of opinion. If it is decided that it is in the best interests of society to limit the supply of skilled and intelligent nurses and to conceive of the nurse as a sort of capable and obedient upper servant, we shall have to plan our curriculum accordingly. If, on the other hand, it is found that the welfare of society is conserved and advanced by having a higher type of nurse, one who acts as the scientifically-trained assistant to, not the servant of, the physician or the sanitary expert, one who is fitted to lead in certain important branches of social work, it is decidedly the duty of every school which trains nurses to do its utmost to meet this demand. This distinction in aim is fundamental, it is the difference between training for a more or less skilled handicraft and training for a profession. Most schools feel that they have fulfilled their full duty when the work of the hospital runs smoothly, when the local doctors are fairly well satisfied and the graduates are in steady demand by private patients, but does this prove that the best welfare even of the people in that community is being sought or attained? The conception of what constitutes a good nursing service either in the hospital or home depends largely on what doctors and patients have been accustomed to. Local pride and loyalty influence opinions largely and you will rarely find any institution which will admit that its surgeons or its nurses are not the best that could be produced.

We have to get away from the local situation a little and study the question in its broader aspects. Ask all kinds of people, get the rea-

soned opinion of recognized authorities in fields related to ours, such as those of medicine, sanitary science education and social service. Ask nurses themselves, those who have been doing work in various fields whether they have been able to measure up to the demands made upon them, and whether perhaps a different kind of preparation might have helped them to escape some of the failures and disappointments that have met them, and let us not forget the opinion of the man in the street, who is in the last analysis the one most affected by good or bad nursing.

Fortunately we have in our hands a great deal of testimony pro and con—addresses, sermons, novels, newspaper comment, personal experiences, and intimate confidences, all bearing on this question. If we sift all of this down we shall find, I think, that whereas there are a few people well-known for their reactionary principles, who are violently opposed to any extension of the nurses' powers, and who affirm that the present facilities for her training are already more than adequate to fit her for her present duties, the great majority expect much more of the nurse than she seems able, with her present equipment, to perform. Their idea of what a nurse should be, what she should know, and the kind of things she should be able to do, is pretty definite and the range of the duties and responsibilities on which most of these people agree, seems rather appalling.

A trained nurse is expected to be able to fit into any one of a dozen different kinds of positions without any additional preparation, and the specialties which are arising, built on the general training of a nurse, are becoming so numerous that some of us find it hard to keep track of them from one year to another. Beside this expansion, there are several influences at work within the old familiar branches which put a greater demand on every nurse. The increased elaboration in technique, the radical changes in the conception of disease, and methods of treating it, including the new duties, occupational and psychological treatments, all of which throw more and more responsibility on the nurse; increased emphasis on the prevention of disease, including definite teaching by the nurse, the newer demand for a high degree of efficiency in every branch of work, these and many other developments have to be considered carefully in preparing the nurse of today and tomorrow.

Leaving out of consideration the exceptional demands and the advanced specialties which the average training school cannot attempt to prepare for, what are those functions or duties which the average nurse will be called upon to render, not only to the patient and the physician, but to the community at large, to her own profession, and lastly to

herself as an individual? Let us try to visualize these, following the nurse into the tenement house and seeing what she does there; going with her to the country case, where she works for days without seeing the doctor; keeping watch with her in the critical hours of the night, when life hangs in the balance and every slightest thing she does turns the scale one way or the other; sharing with her the immense responsibilities of running a hospital or training school or organizing a community in support of some form of public health work.

Briefly stated, the duties on which most of us would probably agree are as follows:

I. Hygienic and sanitary duties. She will have supervision and personal care of sick persons, and must nourish and tend them in such a way as to insure the patients' greatest comfort and welfare and aid the natural processes of recovery. She also will have control over the immediate environment of sick people and must be able to secure conditions favorable to recovery and, so far as possible, to protect both sick and well from influences detrimental to health. She will be expected to assist health officers in maintaining high standards of public health in communities, and often may serve as a public health officer, herself. She will be the assistant of the physician in the hospital and home, and will be expected to coöperate with him by accurately observing and reporting symptoms, by the expert administration of medicines and other treatments, by preparing for and assisting in operations and other important technical and therapeutic procedures. She must also act in place of the physician in emergencies and must be able to give first aid in accidents and minor illnesses.

II. Administrative and housekeeping duties. She will be expected to direct and manage the general household and nursing affairs of the sick room and hospital in such a way as to secure the highest welfare of the patients as well as the greatest economy and efficiency of service. She should be able to handle all the commoner domestic problems, particularly those connected with food preparation, cleaning, and sanitation as an expert.

III. Educational duties. She will be expected to teach and influence those with whom she comes in contact, both sick and well, advising them how to prevent illness, how to recognize the beginnings of illness and how to secure the conditions necessary for recovery and the maintenance of a high standard of health. She will be expected also to entertain, employ and divert her patients and, especially in cases of abnormal mentality, to lead them into more wholesome and rational lines of thought and conduct. She will be confronted with conditions of mental and spiritual mal-adjustment which will require a deep

understanding of human nature and a genuine and helpful philosophy of life. In all these ways she is as much a teacher as if she conducted classes in class-rooms.

IV. Social and civic duties. She will be expected to adjust herself readily to living conditions in widely varying classes of society, to be an agreeable companion to people of the most diverse interests, educational attainments and personal peculiarities. As a citizen in any community, she will be expected to lead in the promotion of healthful conditions of living and to coöperate effectively with existing agencies looking toward the prevention and relief of distress and misery of all kinds.

V. Professional duties. As a member of the nursing profession, she will be expected to understand and to uphold its traditions and ideals and to coöperate intelligently with other nurses in maintaining and advancing its standards. Keeping closely in touch with the current progress in her own branch, she should aim steadily to increase her own professional efficiency and to contribute all she can to the general fund of professional knowledge. In her relation with physicians, patients and other nurses, she will be expected to act in accordance with the accepted standards of professional ethics.

VI. Duties to herself. Everyone will agree that, as a self-supporting woman, she should be able to preserve her health and earning capacity, providing for periods of unemployment and illness and maintaining herself in such comfort and dignity as is necessary for a self-respecting professional woman. To offset the exacting demand of her work, she will need to cultivate different tastes and talents, to develop outside interests and in everything try to maintain as wholesome, happy and normal a life as possible.

I do not think this is an exaggerated estimate of what is expected of the average nurse who graduates from our training schools, and it would seem to be not an unreasonable demand that society makes of us, when it asks that the women we send out should measurably comply with this standard. Of course we are dealing with human material and we cannot bring every individual up to our ideal, but if we have a pretty definite idea of what we want to arrive at, we shall get a good deal nearer the mark. Accepting this as a fairly general standard of what good nursing means, we have now to consider the kind of training that is needed to fit our pupils to serve the community as nurses.

The first essential requirement is *good health* and the ability to maintain it. This seems a self-evident proposition and yet it is so often overlooked as an end to be accomplished through the nurses' training. Without good health, the best nurse is seriously handicapped and her training rendered comparatively ineffective, so far as her work in the

world is concerned. The school is responsible in a great measure for the maintenance of its pupils' health.

The next requirement is *an adequate body of knowledge*. I place this before skill because there can be no safe and intelligent practice without a knowledge of guiding principles. The art or doing side of any work must have sound thinking to back it up, otherwise it becomes merely automatic, rule-of-thumb routine. If situations were always the same in nursing, and if we could find a rule to meet every kind of situation the nurse might need a very small body of theory to guide her, but since no two situations are ever the same, and even with careful direction and supervision in the hospital, the nurse has constantly to act in situations often of critical importance, she must be equipped with the information necessary to enable her to act intelligently and safely. This knowledge will cover a fairly wide variety of subjects. She should know about the healthy body and its structure, functions and care. She should know something of the causes, symptoms, and processes of disease and about the prevention of disease. She should know something about the treatment of disease, in order that she may understand the nature and purpose of the agencies she uses under the physician's direction and watch their effects. Of course she must have a thorough knowledge of the principles underlying the nursing art, itself, and the domestic or household duties that are associated with it. Lastly she should know about the profession and its ideals, including the study of nursing history and ethics, the fields of nursing and their requirements and the social conditions in the community which nursing aims to help.

There will always be differences of opinion regarding the extent and kind of knowledge necessary to make a good nurse, but it would appear to be evident that while it need not be the extensive and highly expert knowledge of the physician who diagnoses disease and prescribes the treatment, it must be sufficiently comprehensive to enable the worker to understand and appreciate the nature of the processes in which she is assisting, and for which she is frequently held entirely responsible. Whatever knowledge she has should be clear, exact, up-to-date, and soundly scientific (any other kind is dangerous), but it need not necessarily be highly minute and technical. It should be the kind of knowledge which is needed by the nurse, not by the medical student or social worker, or any other kind of person. It should be given from her point of view, and directed to the solving of her particular problems.

The third essential is *technical skill*, and I think most people will agree that this should be of a rather expert kind. It involves manual dexterity, lightness, steadiness, quickness of movement, strength,

endurance, and that complete coördination of head and muscle which cannot be acquired except by long, directed training. It also means a careful training of the senses as well as of hand.

Fourth, is required a certain kind of *intellectual or mental ability* which we associate with good nursing. The nurse needs a good memory, a mind trained to think quickly and steadily, skilled in close and accurate observation, capable of careful discrimination between essentials and non-essentials and flexible enough to allow ready adjustment to frequently changing situations. With this should be combined power to convey facts clearly, concisely, and accurately, either orally or in writing. Executive ability, the power to organize, plan, and manage, to direct and control others, is also a highly desirable kind of ability, which should to some degree be developed.

Fifth, and equally essential, are *character* and that intangible thing which we call *personality*. Many superintendents feel that it is almost useless to try to change the nature and character of a young woman after the age of twenty years, but we have all seen such radical changes, good and bad, made through the influence of the nurse's training, that we cannot omit this in our scheme. What are the qualities which we want to develop to meet the unusually exacting experiences and heavy responsibilities of a nurse's life? The traditional virtues of the good nurse are: obedience, the spirit of self-sacrifice, courage, patience, conscientiousness, and discretion. These are good, but under the newer conditions they are not alone sufficient. I think we have not placed enough emphasis on the more positive and vigorous qualities, such as self-reliance, the power of leadership, and initiative. Florence Nightingale would never have gone very far without these, and the nurse who is needed today, must be something of a leader as well as a good team worker in the ranks. The method of training may not be able to develop these qualities in all students, but it can at least provide that they be recognized and directed, not repressed. The old religious devotion needs to be transformed into the modern social spirit which is not satisfied with personal service only, but aims at constructive community service.

Health, knowledge, skill, mental ability and character—in order to achieve these results we must consider first the material we have to work with. If we could begin with a carefully picked homogeneous group, it is quite evident that the task would be comparatively simple. Standards of admission as regards age, health, education, and character have thus a very definite bearing on the subject, but I am not going to go into this here, except to say that the school which admits pupils from grammar school or one year of high school, has a very

different problem to face than the school which accepts only high school graduates; and the school which selects its candidates from a highly picked social group, with a heritage of fine traditions and careful home training, will have a very different product, even with the same curriculum and the same methods of training, from the school which takes its applicants from a heterogeneous group of widely-varying nationalities, with no common social traditions or principles of conduct.

Given a certain fairly "well-chosen" group of women, we have now to consider how they are to be put in possession of this knowledge and skill and how these excellent qualities of body, mind, and character, are to be developed in them. The word "train" is used generally to indicate a type of education which is mainly achieved through the forming of habits by drill or exercise. Education is something more, to educate means to develop mind and character and attitude, as well as conduct, and to give information. It also means the power of self-direction. This plainly cannot be accomplished by a course of theoretical instruction alone, although classes and lectures, demonstrations and quizzes, are very essential. Methods of instruction and supervision used by the staff, the kind of spirit evoked, the type of thinking developed, the kind of discipline enforced, are extremely important and effective means for gaining the ultimate result, whether consciously or unconsciously used. Then we have all the practical experiences of the pupil in the wards and off, the things she does and the things she sees, the general atmosphere which surrounds her, the indirect influence of fellow-students, patients and physicians—everyone with whom she comes in contact, and the outside social activities in which she shares, all these agencies help to mold her and to determine what kind of a nurse will be turned out at the end of those three years. The way in which all these agencies are marshaled and directed is largely an administrative problem. What facilities are necessary in the way of the number of beds, varieties of service, teaching and supervisory staff, equipment, etc. All these things must be provided or the school cannot achieve the desired results.

Then there are certain essentials to any scheme of education. The minds of pupils should be receptive, undulled by excessive fatigue or mental strain; the hygienic surroundings must be good, as to light, air, freedom from noise, etc.; time for adequate preparation must be provided, and properly qualified teachers, who understand the pupils' needs, who know the subjects to be taught and can make this work vital, interesting and of the greatest help to them. The planning and equipment of the class-rooms have much to do with the success of the teaching work. Good desks and chairs and blackboards, plenty of

tools and materials to work with, illustrative material, such as charts, models, skeleton, etc., and a good reference library, all these are things which every up-to-date educational institution is expected to provide. In the next issue, a scheme of instruction will be presented, keeping in mind the general aims and principles which have been laid down in this brief discussion. This will include the selection of subjects for the curriculum, the arrangement of such subjects and the general proportion of time given to each.

ITEMS

In January, 1915, it was suggested that the Philadelphia League of Nursing Education should make an effort to form some plan whereby its members could better meet the present demands of teaching. It was decided that a course in elementary psychology should be arranged for, to be followed in the fall by a course in methods of teaching. On the advice of the head of the history department of the University of Pennsylvania, a course was arranged, with one of the instructors from the University as teacher, given weekly, at a central meeting place, for an hour and a half. These classes began in February and ended in May, with an enrollment of forty, superintendents, assistants and instructors. The course was too short to be wholly satisfactory, but there was no more time at their disposal. The class on methods of teaching, with an instructor from the University, Prof. Ambrose W. Suhrie of the Education Department, opened on October 1 with fifty members; there are now seventy-eight. It meets each Saturday evening from one to two hours. Professor Suhrie has made the course one of interest, sparing no effort to understand the needs of the nursing profession and to meet them, so far as possible. He has acquainted himself with its traditions and history; studies its textbooks; subscribes to nursing magazines; visits classes in the training schools for critic work, and the League meetings to get a further understanding of nursing problems.

The class is enthusiastic over the course and already finds it of practical value. It has proved a splendid thing for nursing interests in the city.

The Philadelphia League has also planned a fine program of meetings for the year, concentrating its attention on uniform standards in curriculum, hours of duty, etc. The program has been printed in a booklet form and distributed widely. The meetings are held in various hospitals and have been very well attended. Some of the subjects discussed are as follows: What Textbooks Shall Be Introduced into Our Schools and Why? How Shall We Interest Our Head Nurses in Train-

ing School Problems? What Responsibility Has the Training School in the Social Life of the Nurse? National and State Standards of Nursing Education and Their Effect Upon the Requirements for Affiliation and Post Graduate Work; Why Do High School Students not Select Nursing as Often as Other Professions? The Responsibility of the Hospital to the Training School; A Round Table for Discussion on the Progress Made During the Year, in the Improvement of the Living, Working and Educational Conditions of Our Training Schools. Several outside speakers have been secured, including Dr. Winford Smith of Johns Hopkins Hospital, Anne W. Goodrich and Isabel M. Stewart of Teachers College and Amy M. Hilliard of the New York State Department of Education.

The old custom of sending out pupil nurses on private duty has so long been discontinued by all the hospitals of any prominence in the country that it is something of a surprise and shock to find an important hospital seriously considering a reversion to this system. The reason given is that the hospital finances have suffered since this source of income was cut off a few years ago and it is assumed that the pupil nurses are to be utilized to make up this deficit. Twenty years ago the American Society of Superintendents of Nurses put themselves on record as opposing this method of exploiting pupil nurses, and prominent hospital authorities have all seconded their efforts to abolish the system. There is really no argument to be advanced in its favor, as it is economically as well as educationally an unsound policy, unjust both to the pupil and the patient. In this case, the superintendent of nurses, feeling that she could not support the hospital, has resigned. The alumnae and local nursing organizations have also voiced their protests and it is believed that the hospital board will be induced to reconsider the matter.